



## Clinical Laboratory Scientist (CLS) Internship Program

### Application Form (page 1 of 2) - Please TYPE.

Date of Application \_\_\_\_\_ Application For Class Starting: \_\_\_Fall \_\_\_Spring \_\_\_\_\_ Year

**Personal and Professional Information:**

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

U.S. Citizenship \_\_\_ Yes \_\_\_ No Permanent Resident \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Visa type

**Academic Information:**

Overall GPA: \_\_\_\_\_ GPA of last 60 semester (or 90 quarter) units: \_\_\_\_\_

TOEFL Score: \_\_\_\_\_

List all junior colleges, colleges and universities noting dates attended and degrees received.

<u>School (Name and Location)</u>	<u>Dates attended</u>	<u>Degree</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

**Application Essay:**

Please attach a written statement of interest in Clinical Laboratory Science (less than 1 page, double-spaced).

**Employment History:**

List last three employment and /or volunteer positions.

1.	Employer	Address
	Job Title	Duties
	Dates Employed	Reason for Leaving
2.	Employer	Address
	Job Title	Duties
	Dates Employed	Reason for Leaving
3.	Employer	Address
	Job Title	Duties
	Dates Employed	Reason for Leaving

**References:**

Please give the names, addresses and telephone numbers of two science instructors and one employer from whom letters of recommendation will be received.

I certify that the foregoing responses I have given are true and correct, and that any falsification or intentional omission will be cause for non-acceptance into the CLS Internship Program. I authorize the CLS Internship Program to receive, photocopy and forward all documentation necessary for my admission into training, and I waive any right to access these documents after they are in the possession of the CLS Internship Program.

I understand that applications received after the July 1<sup>st</sup> and December 1<sup>st</sup> deadlines will be considered only if class capacity has not been reached, and that applying does not guarantee admission into the CLS Internship Program.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**San Francisco State University  
Clinical Laboratory Scientist Internship Program  
Letter of Recommendation Form (page 1 of 2)**

*(First three lines to be completed by applicant - Please type)*

Applicant \_\_\_\_\_

Address \_\_\_\_\_

Application Deadline Date \_\_\_\_\_

**Evaluator:** Please complete the remainder of this form and mail (or fax to 415-338-7747) by the application deadline listed above to:

**Program Director  
CLS Internship Program/PT/CHHS  
S.F. State University - Science Room 202  
1600 Holloway Avenue  
San Francisco, CA 94132**

**Note:** All evaluations will be held in strictest confidence and distributed only to program officials.

**A. Evaluation by:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Institution/Employer \_\_\_\_\_

Address \_\_\_\_\_

**B. Familiarity with the candidate:**

**C. Profile:** Please evaluate as *Excellent, Average or Poor*

	Excellent	Average	Poor	Comments
Reliability				
Motivation				
Initiative				
Intellectual Curiosity				
Judgment				
Leadership				
Oral Communication Skills				
Written Communication Skills				

**D. Academic Record:** (Science Instructor Please Evaluate)

Course Title \_\_\_\_\_ Grade \_\_\_\_\_ Rank \_\_\_\_\_

Course Title \_\_\_\_\_ Grade \_\_\_\_\_ Rank \_\_\_\_\_

Is the academic record indicative of the applicant's intellectual ability?

If no, please explain.

**E. Summary Opinion:** Please check the category in which you would place this applicant regarding his/her *overall suitability* as a clinical laboratory scientist trainee.

\_\_\_\_\_ Outstanding - A person who appears only once every few years.

\_\_\_\_\_ Well above average - Probably in the upper 1/4 of applicants I have known.

\_\_\_\_\_ Average

\_\_\_\_\_ Below Average - Probably in the lower 1/4 of applicants I have known.

\_\_\_\_\_ Very poor. I cannot recommend this applicant.

**F. Comments:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_